

CENTRAL FAX CENTER

SEP 28 2007

FAX TRANSMISSION**DATE:** September 28, 2007**PTO IDENTIFIER:** Application Number 10/521,411-Conf. #9056
Patent Number**Inventor:** Shunichi Kuroda et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** EDWARDS ANGELL PALMER & DODGE LLP

Gregory B. Butler, Ph.D., Esq.

PHONE: (617) 517-5595**Attorney Dkt. #:** 62703(70904)**PAGES (Including Cover Sheet):** 16**CONTENTS:** Certificate of Transmission (1 page)
Fee Transmittal (1 page)
Petition for Extension of Time Under 37 CFR 1.136(a) (1 page)
Amendment Transmittal (1 page)
Amendment in Response to Non-Final Office Action (11 pages)

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PTO/SB/97 (09-04)

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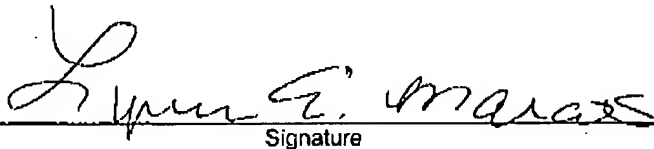
Application No. (if known): 10/521,411

Attorney Docket No.: 62703(70904)

Certificate of Transmission under 37 CFR 1.8

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on September 28, 2007
Date



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Fee Transmittal (1 page)

Petition for Extension of Time Under 37 CFR 1.136(a) (1 page)

Amendment Transmittal (1 page)

Amendment in Response to Non-Final Office Action (11 pages)

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PTO/58/17 (06-07)

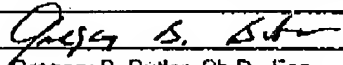
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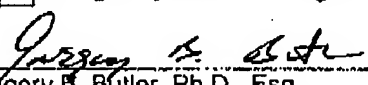
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2007		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/521,411-Conf. #9056
		Filing Date	September 1, 2005
		First Named Inventor	Shunichi Kuroda
		Examiner Name	F. G. Sajjadi
		Art Unit	1633
TOTAL AMOUNT OF PAYMENT		Attorney Docket No.	62703(70904)

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-1105</u> Deposit Account Name: <u>Edwards Angell Palmer & Dodge LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description	Fee (\$)	Small Entity Fee (\$)					
Each claim over 20 (including Reissues)	50	25					
Each independent claim over 3 (including Reissues)	200	100					
Multiple dependent claims	360	180					
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims			
0	20	0	0.00	Fee (\$)	Fee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				
0	3	0	0.00				
IIP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50 =	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)				Fees Paid (\$)			
Other (e.g., late filing surcharge): 1252 Extension for response within second month				450.00			

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	34,558
Name (Print/Type)	Gregory B. Butler, Ph.D., Esq.	Telephone	(617) 517-5595
		Date	September 28, 2007

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AMENDMENT TRANSMITTAL LETTER				Docket No. 62703(70904)	
Application No. 10/521,411-Conf. #9056		Filing Date September 1, 2005		Examiner F. G. Sajjadi	
				Art Unit 1633	
Applicant(s): Shunichi Kuroda et al.					
Invention: CIRRHOSIS MODEL ANIMAL AND PRODUCTION METHOD THEREOF					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	0	- 20 =	0	x 50.00	0.00
Independent Claims	0	- 3 =	0	x 200.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within second month					450.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					450.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> in the amount of \$ <u>450.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Gregory B. Butler, Ph.D., Esq. Attorney/Agent Reg. No.: 34,558				Dated: <u>September 28, 2007</u>	
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5595					